



MISSOURI DENTAL BOARD

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Mission of the Board

The Missouri Dental Board exists to protect and serve the public's interests in dentistry and to preserve the integrity of the dental profession.

PRESIDENT'S MESSAGE



Eric J. Aubert, D.M.D.

It is my honor to serve the Missouri Dental Board as its President for the July 2007 to July 2008 term. It has not been that long since I vacated the office of President of the Board as I served during my first term of office, which was from July 2004 to July 2005. The Board has a transition year ahead of us as a new executive director has been hired to replace Sharlene Rimiller, who retired from service with the State of Missouri on October 1, 2007, after thirty-five (35) years. Mr. Brian Barnett, an investigator for the Board since October 16, 2000, is replacing Sharlene. The Board congratulates Brian on his new position with the Board and extends its gratitude to Sharlene for her service to the Board for the past several years. She has done an outstanding job and her presence in our central office and at Board meetings will be missed.

The President's message is intended to update our licensees on State Board news since the printing of our last newsletter. The changes to the Board's advertising rules and the rule on patient abandonment were implemented on February 28, 2007. A special mailing regarding these changes was sent to all licensed dentists earlier this year so we won't summarize the changes in this newsletter. However, we would encourage any licensee who needs to refer to either rule to visit our website at <http://pr.mo.gov/dental.asp>

and download a copy of the rules. When our website is open, you will have several options to choose from. Click on Rules and Statutes and then click on Rules on the following page. This brings you to the Secretary of State's Code of State Regulations website. Click on Chapter 2 of the Missouri Dental Board rules and then look for the rule on Addressing the Public, 20 CSR 2110-2.110, which starts on page 7 of that publication. The Patient Abandonment rule, 20 CSR 2110-2.114, starts on page 9 of that publication.

Effective November 30, 2007, two more rules were implemented with changes. The Shade Verification rule, 20 CSR 2110-2.190, is being revised to require non-dentists to maintain copies of their laboratory work orders for seven (7) years from the date appearing on the order. All dentists must maintain copies of patient records for seven (7) years and that includes copies of their laboratory work orders. Effective November 30th, labs will have the same retention time for their lab work orders.

Inside This Issue...

President's Message.....	1-2
Message from Division Director.....	3-4
Message from MO Board of Pharmacy.....	4
News from the U.S. Food & Drug Administration.....	5
Dentists recognized for 50 years of licensure.....	6
Con't Education Audit.....	7
Infection Control.....	7-8
Dental Testing in the U.S.....	8-9
From the Advisory Commission for Dental Hygienists.....	10
BNDD Violations.....	10
Article by Bill Kane.....	11
Disciplinary Actions.....	12-14
Next Board Meeting.....	14
Moving?.....	15

PRESIDENT'S MESSAGE continued...

Governor
The Honorable Matt Blunt

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Another rule with changes that were implemented on November 30, 2007, is the Board's Notice of Injury or Death rule, 20 CSR 2110-2.210. This rule requires dentists to submit a report to the Board within thirty (30) days of any mortality or any incident requiring hospitalization which occurs to a patient during or as a result of administration of local anesthesia, nitrous oxide inhalation analgesia, conscious sedation with parenteral drugs, deep sedation, or general anesthesia. As of November 30th, the term "incident" is changed to "injury". The dentist must be aware of the mortality or injury that has occurred to invoke the reporting requirement. The mortality or injury has to occur during or within twenty-four (24) hours of the administration of the sedation. Enteral drugs were added to the list of sedations. In the two sedation death cases the Board reviewed in fiscal year 2007, both were enteral conscious sedation patients.

On January 30, 2008 a change took effect to the license renewal rule for dentists and dental hygienists, 20 CSR 2110-2.071. This change requires all licensees to hold a current certification in basic life support or advanced cardiac life support, or certification equivalent to BLS or ACLS, as a requirement for license renewal.

A change to the Dental Hygienists rule, 20 CSR 2110-2.130, took effect February 29, 2008. This change allows a dental hygienist to apply fluoride without a dentist present.

I encourage you to read all the articles in this publication. It is probably the single most important publication that you receive because it contains important information about changes and proposed changes that affect your practice as a dentist or a dental hygienist. As stated in our Mission, the Board's responsibility is to protect the public and one way of helping to ensure public protection is to keep our licensees informed of any changes to the dental practice act and dental rules. Our disciplinary section should also serve as a deterrent to licensees and help you to avoid anything that could result in a complaint before the Missouri Dental Board that could result in discipline.

I appreciate this opportunity to address all licensees of the Missouri Dental Board and I encourage you to contact the Board office or visit our website if you have questions about the statutes and regulations governing the practice of dentistry in Missouri.

Sincerely,

Eric J. Aubert, D.M.D.

MESSAGE FROM THE DIVISION DIRECTOR



The Division of Professional Registration has had a busy and successful 2007. It was a year of significant and beneficial accomplishments, not the least of which was a legislative session where 14 of our 16 proposals were truly agreed to and finally passed and signed into law by the Governor Matt Blunt.

Legislation also signed into law by the Governor created the Board of Private Investigator Examiners which went into effect August 28, 2007. This board consists of 5 members; three private investigators and two public members appointed by the Governor with advice and consent of the Senate.

With the addition of the Private Investigator Examiners, the Division of Professional Registration now houses 18 administrative boards, 13 non-administrative (autonomous) boards and 8 advisory boards:

David T. Broeker,
Division Director

18 Administrative Boards

- State Committee of Interpreters
- Office of Athletics
- Endowed Care Cemeteries
- State Committee of Dietitians
- Board of Geologist Registration
- Board of Examiners for Hearing Instruments Specialists
- Interior Design Council
- Marital & Family Therapists
- Board of Therapeutic Massage
- Board of Occupational Therapy
- Committee for Professional Counselors
- State Committee of Psychologists
- Missouri Real Estate Appraisers Commission
- Missouri Board for Respiratory Care
- State Committee for Social Workers
- Office of Tattooing, Body Piercing & Branding
- Missouri Office of Athletic Agents
- Board of Private Investigator Examiners

13 Non-Administrative Boards

- Board of Accountancy
- Board for Architects, Professional Engineers, Professional Land Surveyors and Landscape Architects
- Board of Chiropractic Examiners
- Board of Cosmetology & Barber Examiners
- Missouri Dental Board
- State Board of Embalmers & Funeral Directors
- State Board of Registration for the Healing Arts
- Missouri State Board of Nursing
- State Board of Optometry
- Missouri Board of Pharmacy
- State Board of Podiatric Medicine
- Missouri Real Estate Commission
- Missouri Veterinary Medical Board

8 Advisory Boards

- Advisory Commission for Dental Hygienists
- Advisory Commission for Anesthesiology Assistants
- Missouri Acupuncturist Advisory Commission

MESSAGE FROM THE DIVISION DIRECTOR continued...

- Athletic Trainer Advisory Commission
- Advisory Commission for Clinical Perfusionists
- Advisory Commission for Physical Therapists
- Advisory Commission for Registered Physician Assistants
- Advisory Commission for Speech Pathologists & Clinical Audiologists

On September 26, 2007, the Division held a board orientation and update. The Honorable Jay Wasson, District 141, Missouri House of Representatives headlined the state officials and Division staff who participated in the day-long event. Representative Wasson is Chairman of the House Professional Registration Committee and offered considerable insight on the legislation process. Special thanks to Representative Wasson for joining us during the afternoon session. We were also pleased to have participation from staff members of the Governor's Office, Secretary of State's Office, and the Joint Committee on Administrative Rules.

The Division Mission is

- Protect the Public ...
from incompetence, misconduct, gross negligence, fraud, misrepresentation and dishonesty.
- License only "qualified" professionals...
by examination and evaluation of minimum competency.
- Enforce standards...
by implementing legislation and administrative rules.

I am proud to be associated with a team of dedicated employees who take this mission seriously.

FROM THE MISSOURI BOARD OF PHARMACY

Recently, the Missouri Dental Board received a request from the Missouri Board of Pharmacy to notify dentists that pharmacists are seeing a lack of compliance in the use of legal prescription blanks by dentists. The proper format for prescriptions is outlined in the Pharmacy Board statutes and rules.

20 CSR 2220-2.085 which allows for the use of electronic signatures on prescriptions, states in part:

(E) Hard copy prescriptions presented to the patient generated from electronic media shall be applied to paper that utilizes security features that will ensure that the prescription is not subject to any form of copying and/or alteration; and

Section 338.056, RSMo., which allows for the generic substitution, states in part:

2. (1) If a written prescription is involved, the prescription form used shall have two signature lines at opposite ends at the bottom of the form. Under the line at the right side shall clearly be printed the words: "Dispense as Written." Under the line at the left side shall clearly be printed the words "Substitution Permitted". The prescriber shall communicate the instructions to the pharmacist by signing the appropriate line. No prescription shall be valid without the signature of the prescriber on one of the lines.

3. All prescriptions written in the State of Missouri by practitioners authorized to write prescriptions shall be on forms which comply with subsection 2 hereof.

NEWS FROM THE U.S. FOOD AND DRUG ADMINISTRATION

The U.S. Food and Drug Administration is asking for the Board's help in encouraging Missouri dentists to take advantage of the growing number of electronic tools available from the U.S. Food and Drug Administration for accessing important safety information on the medical products dentists use and prescribe. As the FDA moves from a paper-based to an electronic-based environment, they are providing new ways to offer timely, science-based, and clinically relevant safety information directly to providers and their patients at the point of care. Healthcare practitioners can now receive clinically useful safety information on medical products from the FDA by:

- Subscribing to FDA's MedWatch listserve notification on RSS news feeds <http://www.fda.gov/medwatch/elist.htm>
- Bookmarking FDA's MedWatch Web site <http://fda.gov/medwatch/safety.htm>
- Downloading audio broadcasts (podcasts)

During the past several years, FDA has been working to harness informatics with the goal of achieving an electronic environment for all of their regulatory activities, including communicating timely safety information to providers and patients. For example:

- In January 2006, FDA began making updated prescription drug labels available to physicians free of charge through the National Library of Medicine's DailyMed Web site. <http://dailymed.nlm.nih.gov>
- In March 2007, FDA hosted a public meeting to explore opportunities for collaborations with private healthcare organizations to develop a nationwide electronic network supporting rapid access to and analysis of medical product adverse events and the dissemination of timely risk communications.

Drug and device manufacturers are also turning to electronic methods to disseminate safety information to healthcare professionals in a timely, targeted, and secure manner. FDA supports the use of electronic methods to disseminate medical product safety information, whether by industry or by FDA.

The FDA believes it is critical that it work with healthcare organizations, such as the Missouri Dental Board, to expand their risk communication activities as part of their larger patient safety effort. If you would like to have additional information about FDA activities in this area, please contact Dr. Norman Marks at safetyinformation@fda.hhs.gov

DENTISTS RECOGNIZED FOR 50 YEARS OF LICENSURE



At a special ceremony on Thursday, January 17, 2008, at the Missouri State Capitol in Jefferson City, six dentists were honored for maintaining a Missouri dental license for fifty years. Those honored were (L to R): *Dr. John Brown, II of Kansas City, Missouri, Dr. Donald Gutting of St. Louis, Dr. Richard Haffner of St. Louis, Dr. James Hayden of St. Louis, Dr. John Love of Sedalia, Missouri, Dr. Murray Germany of Springfield, Missouri.*

The fifty year licensees were presented with Resolutions from both the House and Senate. A luncheon followed at the Missouri Dental Association headquarters. At the luncheon the Board presented the licensees with Certificates of Achievement for their lifetime dedication to the dental needs of their patients. The Board is extremely proud of their many accomplishments and the wealth of knowledge and skills they have achieved during the past five decades.

Also honored but not present for the recognition ceremony were Dr. Jim Hays of Fayetteville Arkansas, Dr. Richard Joseph, Sr. of Joplin, Missouri, Dr. Jerry Sanders of Nevada, Missouri, Dr. Herbert Sutherland of Bethany, Missouri, and Dr. Arthur Von Rump of Crestwood, Missouri.

CONTINUING EDUCATION AUDIT

After each renewal cycle the Missouri Dental Board performs an audit on a percentage of its licensees to determine compliance with the mandatory continuing education requirements. The results of that audit were presented to the Board at its meeting in July. The Board reviewed thirteen (13) cases of non-compliance with the continuing education requirements. All thirteen (13) cases have been referred for discipline.

In almost every continuing education audit case, the licensee indicated on his/her renewal application last year that s/he obtained the required number of approved continuing education hours for re-licensure. When asked to produce the documentation as required pursuant to 20 CSR 2110-2.240 (2)(A), some licensee's hours came up short of the number required, or the required documentation could not be located. To avoid any issues of non-compliance with the continuing education requirements, the Board strongly encourages and recommends that licensees carefully document their continuing education hours and keep the documentation in a secure location. If, for any reason, a licensee is not able to earn the required number of continuing education hours for re-licensure, please notify the Board at least forty-five (45) days before the end of the renewal period. The Board has the discretion to grant a continuing education waiver or an extension of time to a licensee who cannot complete the required hours of continuing education because of personal illness, military service, foreign residency or other circumstances beyond the licensee's control. When seeking a waiver or extension, the licensee is required to provide the Board with full and complete written documentation explaining specifically and in detail the nature of the circumstances, why the circumstances were unforeseeable and beyond the licensee's control, the period during which the circumstances were in existence, the number of continuing education hours earned in the reporting period and the licensee's plan for completing the balance of the requirements if an extension is granted.

INFECTION CONTROL

By: Rolfe C. McCoy, D.M.D.

It is very common for the Missouri Dental Board to receive complaints that have implications of multiple violations. Many times, these types of complaints have components that do not pertain to our statutes, such as fees and fee disputes. They almost always include some allegation of infection control and sanitation of the dental practice. If the Board receives a complaint in regard to infection control, its policy is to send out an investigator to the dental office.

Frequently, when the Missouri Dental Board conducts an infection control inspection at a dental practice, it finds that the dental practice is not adhering to the Center for Disease Control (CDC) guidelines. This article is an attempt to inform licensees of some of the most frequent areas of non compliance that the Board observes. Licensees are encouraged to carefully review the entire test of the CDC "CDC Guidelines for Infection Control in Dental Health Care Settings – 2003." This publication can be accessed at www.ada.org/prof/resources/topics/cdc

According to Section 332.321.2(16) RSMo, a Missouri licensed dentist is required to "properly guard against contagious, infectious or communicable diseases or the spread thereof." Section 332.321.2(17) requires a Missouri licensed dentist to "maintain his or her office or offices, laboratory, equipment and instruments in a safe and sanitary condition." In addition, Section 191.694.1 RSMo states that all health care professionals and health care facilities in Missouri shall adhere to universal precautions, as defined by the Centers for Disease Control of the U.S. Public

INFECTION CONTROL continued...

Health Service (CDC) to minimize the risk of infectious or communicable diseases. This statute goes on to state that all health care professionals and health care facilities must comply with current CDC guidelines for disinfection and sterilization.

The most common area of concern the Board observes is regarding the monitoring of sterilization equipment. CDC guidelines state that sterilization equipment should be monitored at least weekly by using a biological indicator (i.e. spore tests). In-office, mail-in biological monitoring services are available from numerous private companies and many dental schools. A record of the testing dates and test results must be maintained in every dental office.

Another area of concern is regarding clinical contact surfaces that may become contaminated from spray or spattered blood, saliva or other potentially infectious materials during dental treatments. Some examples of common clinical contact surfaces are light handles, countertops, drawer handles, radiograph equipment, and other chairside equipment. One of the most effective ways of preventing contamination of clinical contact surfaces is the use of barriers (i.e. clear plastic covers). Barriers should be removed and disposed of between patients, and a new barrier should be placed before the next patient is seated. If barriers are not used on a clinical contact surface, the surface should be cleaned and disinfected between patients by using an EPA-registered hospital disinfectant with at least an HIV, HBV claim (low-level disinfectant) or a tuberculocidal claim (intermediate-level disinfectant).

Care should also be taken that housekeeping surfaces (e.g. floors, walls and sinks) are cleaned regularly. Visibly soiled or contaminated areas should be cleaned and disinfected using an EPA-registered hospital disinfectant/detergent.

Finally, licensees should examine their procedures for disposing of medical waste. Some common examples of regulated medical waste found in dental offices are gauze saturated with blood or saliva, extracted teeth, surgically removed hard and soft tissues, and contaminated sharp items (e.g. needles, scalpel blades and wires). Regulated medical waste is required to be contained in a leak-resistant biohazard container. The container should be clearly marked as a biohazard container. There are numerous companies that contract with dental offices for collection of regulated medical waste.

The Missouri Dental Board encourages licensees to review their infection control policies to ensure that their dental practice is in compliance with all infection control guidelines. Failure to maintain your dental practice in a sanitary condition or failing to take proper precautions to prevent the spread of disease may subject your dental license to discipline.

NATIONAL, REGIONAL DENTAL TESTING IN THE U.S.

By: Rolfe C. McCoy, D.M.D.

National and regional dental testing and credentialing in the U.S. has changed drastically in the last two years. The following is a list of the five independent state testing agencies and the number of member states of each organization: Central Regional Dental Testing Service (CRDTS) 15, North East Regional Board of Dental Examiners (NERB) 16, Western Regional Examining Board (WREB) 13; Southern Regional Testing Agency (SRTA) 5; and Council of Interstate Testing Agency (CITA) 5.

Several years ago the American Dental Association (ADA) through the American Association of Dental Examiners expressed the wishes of many in asking that these testing agencies create dental and dental hygiene national licensure examinations. The main players in this formation were CRDTS, NERB, SRTA, and CITA. This venture culminated with the formation of the ADEX and ADLEX exams that were first widely used by state boards two years ago. The draw back is that only CRDTS and NERB signed on to administer this exam. Although this was a step toward national licensure, the political fallout in some respects has put the national testing landscape

NATIONAL, REGIONAL DENTAL TESTING IN THE U.S. continued...

into a state of flux, with some State Boards lining up behind their respective testing agencies. A publication doesn't go by without reading of another state excluding a part or the whole exam of certain testing agencies.

The Missouri Dental Board (Dental Board) has decided to take a different path on examination acceptance for licensure, and is currently evaluating all the various exam contents and will be observing SRTA's dental and hygiene exams in October. We are doing this to ascertain the consistency within each of the exams and how they comply with our statutes.

It is the intent of the Dental Board to define in the rules the standard components that should be given in these exams. Most exams have endodontic, periodontic, restorative and prosthodontic exercises. Many states have expressed the need for an extensive treatment planning exercise. ADLEX is a test of this type. WREB will be adding in a periodontal treatment planning component during the 2008 testing cycle.

Another trend that is taking place in the examining arena is earlier testing in the senior year of dental school. This is to ensure students the ability to begin practice as soon as possible after graduation. This is great for those students proficient in clinical skills but can be devastating and expensive for the unprepared. At one school on the west coast this past testing cycle 70% of the senior class was not allowed to take an early exam because they were deemed unqualified by the dean of the school.

Missouri has been a member of CRDTS since its inception in the late 1960's. This spring we became a member of WREB. The reason behind this is to further the Dental Board's knowledge of the exam and to allow our input on examination content. WREB also has many new tools for its members, like credentialing of prospective licensure candidates and continued competency testing. This tool could be used by the Dental Board to remediate disciplined dentists in quality of care violations.

Although we've not heard much in Missouri regarding continued competency, it has been discussed in other areas of the U.S. Like continuing education discussions of the 1970's and 80's, our profession could be on the cusp of new public pressure.

WREB also has modular restorative and anesthesia examinations that could be used for the Expanded Function Dental Assistants (EFDA) or hygiene programs respectively. All of these tools are being investigated by the Board for viability and use under our current rules.

Dual membership by the Dental Board in CRDTS and WREB has brought a greater burden on Dental Board members to participate in more examinations. The Dental Board has asked the MDA to submit names of doctors they would recommend to be examiners. If you are interested in becoming an examiner, I urge you to educate yourself and submit your name to the MDA Board of Trustees for consideration.

The dental testing world is evolving with many uncertainties at the current time. The Dental Board is doing due diligence to keep up with these changes. The Board is currently working on rules that will regulate what should be minimum standards of competency to obtain a dental or hygiene license in Missouri.

FROM THE ADVISORY COMMISSION FOR DENTAL HYGIENISTS

The Advisory Commission for Dental Hygienists has asked the Board to publish an article in its newsletter regarding compliance with Board Rule 20 CSR 2110-2.140 Notice, Change of Employment – Dental Hygienists. The rule is one short sentence which reads,

“(1) A dentist shall notify the board when s/he employs a dental hygienist and when a dental hygienist leaves his/her employment.”

Generally there is a question on the dentist renewal application that asks if dentists employ dental hygienists in Missouri and if so, to list their name(s) and license number(s). Although providing this information at renewal is one way to comply with the Board’s rule because the rule does not establish a period of time in which the dentist has to make that notification to the Board, it is preferable and likely the intent of the rule for dentists to file the notification with the Board as soon after the hire or termination of a dental hygienist as possible.

BNDD VIOLATIONS

The Board continues to receive a high number of Letters of Censure, which is not considered discipline, issued to licensed dentists by the Bureau of Narcotics and Dangerous Drugs (BNDD). Most of the cases the Board reviews are a result of dentists changing their practice location and not notifying the BNDD. At the Board’s July meeting, the Board reviewed ten (10) cases of BNDD violations. A total of sixty-three (63) BNDD cases were reviewed by the Board in fiscal year 2007, which is July 1, 2006 to June 30, 2007.

If a Missouri licensed dentist is going to conduct any activities with controlled substances, he or she must have a registration from the BNDD and the Federal Drug Enforcement Administration (DEA). The BNDD registration is valid for the specific address which appears on the registration. A registration is issued for a dentist’s primary practice location as well as any location where that dentist stocks controlled substances. If a dentist has a BNDD registration and changes to a different practice location that registration terminates if the dentist does not notify the BNDD of the change of practice address. Any prescriptions written for controlled substances or any other controlled substance activities conducted without a valid BNDD registration are a violation of Missouri controlled substance laws as well as federal controlled substance laws. If a dentist is going to be changing a practice address, he or she must notify the BNDD prior to or within thirty (30) days of the effective date of the address change. For example, if a dentist with a BNDD registration for a practice located at 123 Main St., Suite 101 is going to move his practice across the hallway to 123 Main St., Suite 125, he or she needs to notify the BNDD within thirty (30) days of moving the practice or else that dentist’s BNDD registration will automatically terminate and that dentist will not have any controlled substance authority at the new practice location. This same rule would apply in rare situations where the United States Post Office changes the assigned address for a location. The dentist would still need to notify the BNDD of the address change.

Violations of state or federal drug laws, rules or regulations may subject your Missouri Dental License to disciplinary action regardless of any actions taken by the BNDD. The Missouri Dental Board encourages licensees to carefully review Missouri drug laws, rules and regulations to ensure compliance. For more information regarding Missouri drug laws, rules and regulations, visit the BNDD website at: www.dhss.mo.gov/BNDD or call BNDD at (573) 751-6321. Information regarding federal drug laws can be found at the DEA website at: www.deadiversion.usdoj.gov

THE CONSPIRACY OF SILENCE: AM I MY BROTHER'S OR SISTER'S KEEPER?

Contributed by: Bill Kane, D.D.S. - Well-Being Committee Chairman

In the dental profession, "The Conspiracy of Silence" is still very prevalent when looking at addictive diseases, chemical dependency or Well-Being issues. Practicing dental professionals need to understand these diseases in order to adequately treat patients that are either suffering from or in recovery from these conditions.

The disease of chemical dependency is a complex primary, chronic progressive disease, that if left untreated could lead to the person's death. Dentists and dental hygienists may also suffer from addictive diseases such as alcoholism or chemical dependency as well as other physical or psychological disorders.

A dental colleague or staff member may work alongside someone day after day totally unaware that the person is dying, struggling to cope with a chronic progressive disease called chemical dependency. The individual with the disease is in denial that his or her chemical use is causing problems in their personal or professional life, and generally not capable of asking for help. Sooner or later the individual's behavior becomes obvious to colleagues or staff members.

The colleague or staff member is faced with two choices. The first choice is to confront the individual or have an intervention concerning his or her behavior related to chemical use. Unfortunately this choice is not taken for a number of reasons. Generally a colleague or staff member begins to rationalize that, "it's none of my business." or "I am not my brother's or sister's keeper."

When the first choice is not taken, the second choice of saying or doing nothing creates "The Conspiracy of Silence." This choice allows the natural progression of the disease to take its toll on the individual with a chemical dependency. In most dental offices it is very easy for a staff to become isolated as an individual's chemical dependency progresses thus allowing "The Conspiracy of Silence" to continue.

Most dentists and dental hygienists know a professional colleague who is suffering from the disease of chemical dependency. The suffering colleague may be in one's local area or even a classmate in a different corner of the state. Indications that a professional colleague may have a chemical dependency are not difficult to notice.

The good news is "The Conspiracy of Silence" can be eliminated. Dentists and dental hygienists suffering from chemical dependency respond very well to adequate treatment. Since 1982, hundreds of dental professionals have utilized the resources of the Well-Being Program and are enjoying rewarding and productive personal as well as professional lives.

If you are concerned about a professional colleague, break "The Conspiracy of Silence," pick up the phone and call Ira Davis, the Program Director for the MDA's Well-Being Program at **(573) 424-0300**. The phone call and the information shared with the Program Director is strictly confidential. Your phone call may save your colleague's personal and professional life.

DISCIPLINARY ACTIONS

The following report on disciplinary actions is for the period November 1, 2006 through March 1, 2008. The report typically includes several provisions in its orders, which may not be summarized here. Although great care has been taken to ensure accuracy of the information provided hereafter, inadvertent errors may appear, and no entity should initiate any adverse action against a dentist, dental specialist, or dental hygienist based solely on the following information. Rather, the reader should request a copy of the Board's Order prior to making any decisions affecting licensees. This listing may not reflect appeals filed after the publication of this newsletter.

Roger D. Nail, D.D.S., license number 011476 of Jefferson City, MO. License placed on 15 months probation pursuant to Section 332.321.2(6), and (11).

Max D. Smith, Jr., D.D.S., license number 012446 of Overland Park, KS entered into a Settlement Agreement Between Missouri Dental Board and Max D. Smith, D.D.S. in which Dr. Smith voluntarily surrendered his license pursuant to Section 332.321.2 (5), (6), (10), and (13).

Zahra Huq, D.M.D., license number 013864 of St. Louis, MO. License placed on one (1) year probation pursuant to Section 332.321.2(3), (5), and (6).

Mary McClellan, D.M.D., license number 013748 of St. Louis, MO. License placed on one (1) year probation pursuant to Section 332.321.2(3), (5), and (6).

Mark F. Adams, D.M.D., license number 2008003637 of Jackson, MO was issued a Probated license. Dr. Adams dental license was previously revoked in May 2004. Dr. Adams re-applied for licensure and was granted a license to practice dentistry in Missouri. Dr. Adams license was immediately placed on three (3) years probation.

Donald T. Roberts, D.D.S., license number 012542, of St. Joseph, MO. The Board issued its Second Amended Findings of Fact, Conclusions of Law and Order in which Dr. Roberts voluntarily surrendered his dental license.

Brian David Ahern, D.D.S., license number 2004000644, of Leawood, KS. License placed on one (1) year probation pursuant to Section 332.321.2(3), (5), and (6).

Sandra K. Highsmith, D.M.D., license number 013975, of Town and Country, MO. License censured pursuant to Section 332.321.2(13).

Nohaud N. Azan, D.D.S., license number 015420, of Sedalia, MO. License was placed on five (5) years probation pursuant to Section 332.321.2(3), (4), (5), (6), and (13).

Talva T. Grundstrom, D.M.D., license number 014579, of Jefferson City, MO. License was placed on three (3) years probation pursuant to Section 332.321.2(5), (6), and (13).

Michael Sawyer, D.D.S., license number 015118, of Osage Beach, MO. License was suspended for forty-five (45) days and placed on three (3) years probation pursuant to Section 332.321.2(5), (6), and (10) RSMo.

Charles M. Waller, D.D.S., license number 2002029904, of Camdenton, MO. License was suspended for fourteen (14) days and placed on five (5) years probation pursuant to Section 332.321.3 and Section 621.110 RSMo.

Gary W. Harris, D.D.S., license number 014164, of Sedalia, MO. License was placed on five (5) years probation pursuant to Section 332.321.2(1), (5), (13), and (20) RSMo.

Helen S. Jacobs, D.M.D., license number 013711, of St. Louis, MO, was placed on five (5) years probation for violations of her previous discipline pursuant to 332.321.2(3), (5), and (6) RSMo and pursuant to 620.153, RSMo.

Walter W. Autry, D.D.S., license number 04687, of Monett, MO. License was suspended for a period of ninety (90) days followed by five (5) years of probation for violations of his previous discipline pursuant to Section 332.321.3 and Section 620.110 RSMo.

Grant W. Weathers, Jr., D.D.S., license number 014998, of Sikeston, MO, was placed on one (1) year probation pursuant to Section 332.321.2(3), (5), and (6), RSMo for failing to obtain the required fifty (50) continuing education credits for renewal of his license.

Brian K. Collins, D.D.S., license number 015737, of Mountain Grove, MO, was suspended for thirty (30) days or until he obtains 100 continuing education hours whichever is the later, followed by five (5) years probation pursuant to Section 332.321.2 (1), (2), (3), (5), (6), (13), (15), and (20), RSMo.

Kevin J. Mahoney, D.M.D., license number 014526, of Webster Groves, MO, was placed on five (5) years probation pursuant to Section 332.321.2 (5), (13), (15), (16), and (17), RSMo.

Delilah D. Williams, R.D.H., license number 2004018642, of Kansas City, MO, was placed on one (1) year probation pursuant to Section 332.321.2(3), (5), and (6), RSMo.

Kimberly Gilpin, R.D.H., license number 2005015942, of Jefferson City, MO, was placed on three (3) years probation pursuant to Section 332.321.2(5), (6), and (13), RSMo.

David L. Moore, D.D.S., license number 013409, of St. Louis, MO, was suspended for ninety (90) days followed by five (5) years probation for violations of Section 332.321.2(20) RSMo.

William T. Kane, D.D.S., license number 013323, of Dexter, MO, was placed on two (2) years probation for violations of Section 332.321.2(15) RSMo.

Donald R. Jump, D.D.S., license number 011231, of Bolivar, MO, was placed on three (3) years probation for violations of Section 332.321.2(5), (6), (10), and (13) RSMo.

Renato J. Aves, D.D.S., license number 016085, of Independence, MO, was placed on five (5) years probation for violations of Section 332.321.2(5), (13), (15), and (20) RSMo.

Thomas D. Jordan, D.D.S., license number 015009, of O'Fallon, MO, was placed on one (1) year probation pursuant to Section 332.181 RSMo and Regulation 20 CSR 110-2.240 for affirming on his 2004-2006 dental license renewal application that he completed fifty (50) hours of continuing education, but during an audit, failed to submit adequate documentation of these hours.

Paula J. Hubley, R.D.H., license number 001854, of Congress, AZ, was placed on one (1) year probation pursuant to Section 332.321.2(3), (5) and (6) RSMo for affirming on her 2004-2006 renewal application that she completed thirty (30) hours of Board approved continuing education, but during an audit failed to submit adequate documentation of these hours.

Steven J. Richter, D.D.S., license number 2002001509, of Overland Park, KS, was suspended for fourteen (14) days followed by five (5) years probation for violations of 332.321.2 (2), (3), (5) and (13).

Sidney H. Herr, D.D.S., license number 011104, of Arnold, MO, was placed on three (3) years probation for violations of 332.321.2(5), (6), (10), (13), (16), and (17), RSMo.

Thomas A. Black, Jr., D.M.D., license number 012408, of St. Louis, MO. License placed on probation for one (1) year pursuant to 332.321.2 (3), (5), and (6), RSMo.

Ronald L. Shuler, D.D.S., license number 011021, of Tipton, MO. License placed on probation for a period of five (5) years pursuant to 332.321.2 (6), and (15), RSMo.

Alphonza V. Harper, III, D.D.S., license number 012392, of St. Louis, MO. License was suspended for two (2) weeks followed by five (5) years probation pursuant to 332.321.3 (4), (5), and (13), RSMo.

Thomas D. Maienschein, D.D.S., license number 012834, Lee's Summit, MO. License placed on one (1) year probation pursuant to 332.321.2(5), (6), and (13), RSMo.

NEXT BOARD MEETING

The next meeting of the Missouri Dental Board is scheduled on July 17-19, 2008. The meeting will be held at the Doubletree Hotel & Conference Center, 16625 Swingley Ridge Road, in Chesterfield, Missouri. The open meeting is scheduled on Saturday, July 19th beginning at 8:00 a.m.

The meeting schedule for the remainder of 2008 is as follows:

*July 17-19, 2008 – St. Louis, Missouri
October 16-18, 2008 – Springfield, Missouri*

The open meetings are on Saturday mornings beginning at 8:00 a.m. Licensees who attend the open session of the Missouri Dental Board's quarterly meetings will receive two hours of continuing education credit per meeting.

For further information regarding meeting times and locations, please feel free to contact the Board's central office as it gets closer to the meeting date, or visit our web site. The address is on the inside cover of this newsletter.

Division of Professional Registration
MISSOURI DENTAL BOARD
P.O. Box 1335
Jefferson City, MO 65102-1335

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MOVING?

**PLEASE NOTIFY THE
BOARD OFFICE OF
YOUR NEW ADDRESS.**

The rules and regulations require all licensees to notify the Division of all such changes by sending a letter to the office in Jefferson City, Missouri. Please include a street address to facilitate any express mail deliveries.

NAME: _____

PROFESSION: _____ LICENSE NUMBER: _____

(P.O. BOX MUST BE ACCOMPANIED BY YOUR PHYSICAL ADDRESS)

OLD ADDRESS: _____

NEW ADDRESS: _____

SIGNATURE: _____ DATE: _____

**PLEASE MAIL TO:
MISSOURI DENTAL BOARD**
P.O. Box 1335, Jefferson City, Missouri 65102-1335